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ABSTRACT

This report describes results of an evaluation of respite care programs and crisis nursery programs for children with disabilities, based on survey forms received from 81 programs and site visits to selected programs across the United States. The survey of crisis nursery programs and the survey of respite care programs gathered data on amount of time between receiving the grant award and provision of services, types of families served, settings in which services were offered, types of services offered for children and for parents, program staff, and characteristics of families served. A second survey, with 65 programs responding, examined fiscal and administrative issues, including funding sources, eligibility criteria, number and types of services offered, and staff training. The evaluation found that: most programs were serving families within 6 months of receiving the grant award; services most frequently offered to parents were telephone consultation, respite from child care, and case management; and services most frequently offered to children were a sitter in the home, day care, case management, screening, and assessment. Costs of services proved to be difficult to establish. Appendixes contain copies of survey forms. (JDD)

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Results of Descriptive Study of Crisis Nursery and Respite Care Programs

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Community support services are an important component of the resources available to families nationwide. These services, which include such things as family stipends, health services, and respite care, can be seen as a form of early intervention, designed to prevent or ameliorate situations that might undermine family functioning, and to support the development of family strengths. Through the Temporary Child Care for Children with Disabilities and Crisis Nursery Act, programs across the nation are providing support services to families, in the form of respite and crisis care. These services are offered to families with a child with disabilities, and to families who are experiencing a crisis, and/or who are at-risk for abuse or neglect.

Across the programs there is considerable variability in the types of services that have been developed to meet the needs of families. As part of an effort to learn more about these services, the families who use them, and the staff who provide them, an evaluation was undertaken during the fall of 1990. The evaluation design included two surveys (Appendix A) to be completed by programs, followed by site visits to selected programs across the country. This report will describe the results of the surveys. Data for the Respite Care and Crisis Nursery programs will be presented separately, since they serve somewhat different populations. General information about program services will be presented first, followed by a description of program staff. The final section of Survey I will describe the families who utilized program services. Results for Survey II will be presented in the order in which the questions appear on the survey form.

At the time the surveys were distributed, 44 states and territories had received funds from the Children's Bureau to develop Respite Care and/or Crisis Nursery services. Surveys were sent to the direct service programs where these were known, and to the state contact. All grantees funded in 1988, 1989, or 1990 were included. Consequently, some programs were well established and others had only recently received notification of funding and may not have served any families during the three month period from June-August, 1990, covered by the surveys. One hundred and one copies of Survey 1 were sent out and 81 (80%) useable surveys were returned - 40 from Crisis Nursery sites and 41 from Respite Care sites. In some cases the information provided was a compilation of all the direct service programs in the state funded by the grant, in other cases it represented a single program.

There was considerable variability among programs in the amount of time that elapsed between awarding of the grants and the delivery of services. The mean amount of time was 116 days, with a range of none to 488 days, for the 73 programs that supplied those data; 105 days, and a range of none to 365 days for the Crisis Nursery programs; and 127 days, range of none to 488 days, for the Respite Care programs. Some states used the funds to improve or expand existing services, and experienced little, if any, lag time. In other instances, proposals were solicited within the state after receiving funds, and, in some cases, it took considerable time to examine and fund the proposals, and get the programs started. As a whole, however, services were started promptly - more than 75% of the programs were providing services to families within six months of receiving the grant.

Service Description

Crisis Nursery:

Services were provided to both parents and children by 72% of the Crisis Nursery programs, and only to children by 28%. In 55% of the programs, services were offered only outside the families' home, and in 45% both in the families' home and outside the home. Many programs reported keeping no list of families waiting for services, if they could not be accommodated

immediately. Nine programs reported a waiting list for children with a mean of 40 children (and a range of 1-97), and six programs reported having waiting lists during the three month reporting period, with a mean of 30 parents (range of 1-62) waiting for services.

Programs served children from families of various kinds, primarily single-parent families, but also children who lived in two-parent families, and with therapeutic foster families and other relatives. Table 1 describes the constellation of families served by the programs.

Table 1: Types of Families Served by Crisis Nursery Programs

Family Constellation	# programs reporting	Mean # of families
Two-parent	27	15 (R=1-92)
Single-parent	32	33 (R=2-141)
Therapeutic Foster Family	10	5 (R=1-13)
Other relative	10	4 (R=1-16)
Other	4	8 (R=1-23)

Some Crisis Nursery programs provided services in only one location and others utilized several settings. The most common sites were a Crisis or Women's Shelter, and a variety of day care settings. The following table indicates the settings in which services were offered.

Table 2: Settings in Which Crisis Nursery Services Were Offered

Setting	# of programs reporting
Crisis Center/Shelter	14
Day Care Center	13
Licensed foster home	8
Sitter in home	8
Family Day Care	6
Other	5
Church	2

A variety of services for children and parents were reported, some of which were currently available and some planned. As can be seen in Tables 3 and 4, more than half the programs offered screening, assessment and day care for children; and service coordination, telephone consultation, hot-line, and respite from child care for parents.

Table 3: Crisis Nursery Services offered for Children*

Service	# of programs offering	# of programs planning
Day Care	29	4
Screening	26	4
Assessment	25	8
Ser. Coor./Case Mang.	21	8
Residential care	18	5
Soc./Emo./Beh./ Therapy	11	4
Social/Recreation Programs	11	4
Medical Care	7	2
Speech/Language Therapy	3	2
Mentors	3	2
Camping Experience	2	1
Sitter in Home	2	1
Hospital Sitter	0	1
Physical Therapy	0	1
Occupational Therapy	0	2

*Includes services funded by Children's Bureau grant funds and those funded from other sources

Table 4: Crisis Nursery Services Offered for Parents:*

Service	# of programs offering	# of programs planning
Telephone Consultation	29	4
Respite from Child Care	28	5
Ser. Coor./Case Mang.	24	6
Hot line/Crisis Line	23	8
Child Care Training	19	8
Counselling/Therapy	16	10
Support Group	11	10
Other	8	2
Medical Care	4	2
Hospital Companion	1	1

*Includes services funded by Children's Bureau grant funds and those funded from other sources

Service Description

Respite Care Programs:

Services were provided to both parents or caregivers and to children by 71% of the Respite Care programs, and only to children by 29%. In 71% of the programs, services were offered in

both the family's home and outside the home; in 22%, only outside the home; and in 7% of the programs, services were offered only in the family's home. Although more Respite programs than Crisis Nursery programs reported maintaining a waiting list, less than half did so. Seventeen programs reported having a list for children awaiting services with a mean of 18 children (and a range of 2-125), and 11 programs reported maintaining waiting lists for parents with a mean of 17 parents (range of 2-83) awaiting services.

Children in Respite Care programs came from a variety of family groups, as was true for children in Crisis nursery programs. More than 80% of the programs reported serving children living in two-parent and single-parent families, while approximately half included children living with foster families and/or other relatives. Table 5 describes the constellation of families served by the programs.

Table 5: Types of Families Served by Respite Care Programs

Family Constellation	# programs reporting	Mean # of families
Two-parent	35	27 (R=1-149)
Single-parent	33	15 (R=1-108)
Foster family	20	6 (R=1-50)
Other relative	18	2 (R=1-6)
Other	6	3 (R=1-6)

As was true for the Crisis Nursery programs, some Respite Care programs provided services in only one location and others utilized several settings. The most common service site for Respite Care was the family's home. The following table indicates the settings in which services were offered.

Table 6: Settings in Which Respite Care Services Were Offered

Setting	# of programs reporting
Sitter in home	24
Licensed foster home	13
Day Care/Preschool Center	19
Other	13
Camps	9
Respite Group Home	8
Family Day Care Home	6
Relatives' Home	5
State/Public Schools	5
Church	4
Ped. Hosp (respite bed)	3
State Inst. (respite bed)	2
Crisis Center/Shelter	1

A variety of services were available to children and families involved in the Respite Care programs, some of which were available when the surveys were completed and some of which were planned. As can be seen in Tables 7 and 8, at least half the programs offered screening, service coordination, day care, and sitters in the home for children; and for parents service coordination, telephone consultation, and respite from child care.

Table 7: Respite Care Services Offered for Children:*

Service	# of programs offering	# of programs planning
Sitter in Home	29	4
Day Care	24	3
Ser. Coor./Case Mang.	21	2
Screening	20	1
Assessment	17	1
Residential care	17	9
Camping Experience	12	3
Social/Rec. Programs	11	5
Mentors	7	2
Medical Care	4	2
Hospital Sitter	4	2
Physical Therapy	2	0
Occupational Therapy	2	0
Speech/Language	1	0
Soc./Emo./Beh. Therapy	1	2

*Includes services funded by Children's Bureau grant funds and those funded by other sources

Table 8: Respite Care Services Offered for Parents:*

Service offering	# of programs planning	# of programs
Respite from Child Care	35	3
Telephone Consultation	28	0
Ser. Coor./Case Mang.	22	1
Child Care Training	19	8
Support Group	16	4
Counselling/Therapy	10	2
Hot line/Crisis Line	8	1
Other	7	1
Medical Care	1	0
Hospital Companion	1	1

*Includes services funded by Children's Bureau grant funds and those funded by other sources

Program Staff

Crisis Nursery Programs:

Families in the Crisis Nursery programs were served by 253 staff, who had a mean of seven years of experience in human services. Two thirds of the overwhelmingly female (96%) staff members were white, one quarter African American, and the rest Native American, Hispanic or other. Two thirds of the staff had between one and 13 years of experience, while a smaller cadre of individuals had between 20 and 50 years. The majority of the staff (77%) had a high school, associates, or bachelors degree, and nearly one quarter (23%) had masters or doctorates. Staff worked an average of 32 hours a week, with a range of two to 168 hours. The latter representing four persons who were full time house parents. With the exception of these four individuals, staff reported working from two to 60 hours a week.

Almost 40% of the staff in the Crisis Nursery settings were direct care providers, and another 23% were directors or coordinators - many of whom provided direct care in addition to their administrative duties. The other 17% represented a variety of occupations and responsibilities that included therapy, service coordination (case management), nursing, clerical work, family advocacy, community relations, and social worker.

Respite Care Programs

Respite Care staff were comprised of 366 persons, 89% of whom were female, with a mean of seven years of experience in human services. As in the Crisis Nursery programs, two thirds of the staff were white, 26% were African American, and 7% Native American, Hispanic, Asian and other. Staff worked as requested, an average of 18 hours a week, with a range of up to 55 hours. A majority of the staff (88%) had high school, associate, or bachelor degrees, while 12% had masters of doctorates. A total of 64% of the staff of the Respite Care programs were direct care providers, and 17% were directors or coordinators. As in the Crisis Nursery settings, program administrators often provided direct care as well as administrative leadership. The other 19% of the staff functioned in a variety of capacities such as service coordination (case management), therapy, clerical work, nursing, and transportation.

Family Description

Program directors were asked to list each individual served from the 1st of June, 1990 through 31st of August, 1990 using a unique identifier, and to supply specific information about the individual. The following summarizes those data.

Crisis Nursery Programs:

During the time specified, 2,826 individuals were served by Crisis Nursery programs. In 83% of the cases, the child was the target of services, and in 17% the target was the parent. More than half (52%) of the persons served were white, 31% were African American, and 17% were Native American, Asian, Hispanic or other. Slightly more than half (55%) of those served were female. In 45% of the cases, abuse was suspected or substantiated.

The reported target of service was most often the child. However, children needed no substantiated diagnosis in order to receive Crisis Nursery services, and, for two thirds of the children, no precipitating cause for entry into the program was reported. For the remainder, 15% were declared to be at high-risk for emotional problems, 8% at high-risk for development

delay, and 6% were behaviorally or emotionally disturbed. For parents, on the other hand, 57% were involved with the Crisis Nursery program because they were overwhelmed by family or other situations, 41% due to deteriorating family situations, and 19% in order to prevent out-of-home-placement for their child(ren).

Although there were programs targeted specifically to families with substance abuse problems, the overall part played by substance abuse as causal or exacerbating agent for families experiencing crises or deteriorating situations is unclear, as substance abuse was included as one of several possible conditions. However, it was specified as a condition contributing to family involvement in Crisis Nursery programs for 237 (8%) of the families in the sample, including those involved with programs that identified substance abuse as a criterion for service.

Services to parents and children could be provided on a sliding-fee scale. However, virtually all families (99%) receiving Crisis Nursery services were reported as paying no fee for services.

Respite Care Programs:

Programs providing respite care served 1,895 individuals during the time in question. Of this number, 75% were children and 25% parents. The group was 68% white, 16% African American, and 16% Native American, Asian, Hispanic, and other. Slightly less than half (48%) of those served were female. In only 12% of the cases was abuse suspected or substantiated.

Among the children, 24% were reported to have a primary condition of developmental delay, 19% to have physically disabilities, and 16% to be mentally retarded. In the other cases, 18% had no cause reported, and the final 23% had a variety of conditions. For all families, one reason given for parental involvement was being overwhelmed by their life circumstances. Deteriorating family situations, and prevention of out-of-home-placement were each specified for 19% of the families. For only 39 (3%) parents was substance abuse designated as a factor for involvement with Respite Care programs.

Among the families using Respite Care facilities, 36% paid no fee for services, 40% paid a low fee, and 24% paid the regular fee. Many programs charge a sliding fee, with little or no cost to low-income families.

Summary

Survey I was sent to all state grantees and to all known direct service programs funded by the grantees. All of the comparisons and comments concerning the programs are based on the surveys returned from this population. At least two caveats must be made, 1) it was not possible to identify all the direct service programs funded by state grantees, and 2) there was only an 80% return rate for the surveys that were distributed. While the respondents may be representative of the population, some large programs were not included, making it is difficult to estimate the total number of families served by the Crisis Nursery and Respite Care programs in the network. During the next year, an effort will be made to arrive at reliable estimates.

The results of Survey I indicated both similarities and differences between Crisis Nursery programs and those programs providing Respite Care. Most programs were serving families within six months of receiving the grant award. However, a few individual sites within both sets of programs took a considerable time to start up - as much as a year to 16 months. Reasons

for the delays were many, including difficulty in locating appropriate facilities and ensuring compliance with local and state regulations, hiring and training staff, and program development. Technical assistance offered by ARCH, The National Resource Center for Crisis Nurseries and Respite Care Services, may facilitate quicker start up in the future.

Staff in both types of programs were predominantly female and white. While programs strive to have greater minority staff representation, the reality is that human services have historically been provided by woman, and frequently white woman. On the other hand, it is possible that the number of minority staff members reported on the survey may underrepresent the number actually providing services in this network. Most of the programs that responded to the questionnaire were located in areas with smaller minority populations, and there were no data from such large urban centers such as New York or Chicago, which might have shown a different ratio. Evidence for this statement lies in the fact that the minority staff in the study tended to be concentrated in those programs that had substantial minority representation among the families they served, Los Angeles and Miami, for example. An extra effort will be made to gather data from those programs located in areas with large minority populations in order to further examine this question.

Among the services offered to parents (see Tables 4 & 8), which includes services funded by the Children's Bureau and those funded from other sources, the three services most frequently offered to parents were the same for both Respite and Crisis programs. This was also true for services provided to children, (see Tables 3 & 7) with the exception of a sitter in the child's home. Another similarity among families was the reason for accessing services. Parents were involved because they were overwhelmed by their life circumstances, were experiencing a deteriorating family situation, and/or wished to prevent out-of-home placement for their child(ren). It is possible, however, that the stresses impinging on families from the two kinds of programs are of a somewhat different nature. Evidence from site visits conducted subsequent to the surveys indicates that the source of stress for families using Respite Care services may be predominantly the target child and her/his demand characteristics. Families using Crisis Nursery services, on the other hand, may be experiencing a broader range of stressors having to do with pervasive economic factors. This is a question that may be clarified in future evaluation efforts.

In addition to similarities, there were ways in which the programs differed. Respite Care programs reported delivering services in a larger number of sites, within and across programs, than did Crisis Nurseries. The most frequently reported site for respite services was the child's home and for Crisis Nursery services was a crisis or woman's shelter. Fewer Crisis Nurseries reported maintaining waiting lists, but those that did had a larger number of parents and children waiting for services. As local agencies and programs increase their out-reach efforts, more families are identified which tax the limits of existing facilities. Training and Technical Assistance activities of The ARCH National Resource Center for Crisis Nurseries and Respite Care Services, may be utilized to help programs identify community resources, and to modify and expand existing services.

Differences among families were also noted. Within Respite Care programs, families were more likely to have two-parents, while families using Crisis Nursery facilities were more likely to have a single-parent, who was, in most cases, the mother. There were higher percentages of suspected and substantiated child abuse and/or neglect among families in Crisis Nursery programs than those in Respite Care programs (45% vs 12%), and more documented substance abuse among families in Crisis Nursery programs (8% vs 3%). Among the children, far more children who were served by Respite Care programs had identifiable disabilities (82% vs 29%). While there is considerable variability among families using both sets of facilities,

the 'typical' family in the respite programs could be characterized as a two-parent family of a child with disabilities receiving service in the form of a sitter in their home. The 'typical' family in a Crisis Nursery setting would consist of a single mother with her children, receiving center-based child care for the children and counseling/therapy for the mother.

Immediately following the completion of Survey I, programs received a second survey that looked at fiscal and administrative issues. This survey was designed to gather information on how much service was provided during a specific time period - June, July, and August of 1990. It also attempted to collect information on the cost of those services. Programs were able to provide data on the amount of service, but estimating cost was more difficult.

There were 101 copies of Survey II distributed and 65 programs that responded. Of this number, 35 were Crisis Nursery programs and 30 were Respite Care. As with Survey I, results will be reported for the two sets of programs separately.

Crisis Nursery Programs

Funding

Many programs seek funds from a variety of sources in order to support their services. Among the Crisis Nursery programs surveyed, about half (18) reported receiving funding from local, state, and/or private sources. Coincidentally, 10 programs (56% of those receiving additional funds) received funds from each of the three sources.

Eligibility Criteria

When asked what kind of criteria were applied to determine eligibility for inclusion, all but two of the Crisis Nursery programs said they had at least one eligibility criterion, and most had several. The most frequently mentioned was the requirement that the family be experiencing a crisis or emergency (45%). There were 12 programs (36%) which required documentation that the child was abused or neglected, or at risk for abuse or neglect, for the family to be eligible for services. Ten programs (30%) offered services in response to a family identified need or request, and nine (27%) limited services to families with children within a specified age range. Other less frequently mentioned criteria included residence within a specific geographic area, referral by child protective services or other similar agency, and homelessness. All criteria, and the frequency with which each was reported are in the following Table.

Table 1: Criteria for Service eligibility - Crisis Nursery Programs

Criterion	N	%
Family in crisis, overwhelmed, or experiencing and emergency	15	45
Child abused or neglected, or at-risk for abuse or neglect	12	36
Family identified need/request	10	30
Child within specified age range	9	27

Table 1 (cont'd)

Criterion	N	%
Family/child reside in specific geographical area	7	15
Referral by protective services or other agency	4	12
Homelessness	3	9
Family financial status	3	9
Development or medical status of child	2	6
Family status in regard to social services	1	3
Child removed from home, or at-risk for removal	1	3
Family agreement to participate in other aspects of program	1	3

Services

There was considerable variability among Crisis Nursery programs in the number and types of services offered to both parents and children during the three month reporting period. Three programs that did not begin service delivery until later in 1990, provided no services during the three month reporting period. In addition, five programs reported no services to children, and three none to parents during the period of June-August, 1990. All other programs that returned the survey reported some amount of service during at least one month of the reporting period to both parents and children (N=24). Among the 29 programs that listed services to parents, the majority (17 or 58%) provided two to four different services, eight (28%) provided five or more, and four (14%) offered one type of service. Of the 27 programs delivering services to children, two thirds (18) furnished two to four services, six (22%) offered one type of service, and three (11%) offered five or more different types of services.

Programs were asked about services offered with no restriction on the funding source for the service. Since many Crisis Nursery programs are part of a larger agency or program, many more services may be available to families than those supported by Children's Bureau grant funds.

Each parent service included on the survey, with the exception of someone to provide companionship to a parent in the hospital, was provided by at least one program. In addition, 10 programs offered other parent services. Four programs provided parents with referrals to other programs or agencies, and two offered home visiting. Follow-up visits, consultation, and parent aides were each provided by at least one program.

Four of the children's services included on the survey were unreported for June, July or August of 1990. These were: hospital sitter, physical therapy, occupational therapy, and a sitter in the child's home. Four programs noted delivery of services other than those listed. Two programs offered referral services to other children's programs, and two provided transportation.

There was much variability in the amount of any one service that was provided, as well as in the number of persons served. As can be seen in Tables, 2 and 3, the number of units of service, and the number of persons served, can vary by as much as a factor of one hundred. For example, in one case the number of hours of service ranged from 1-130; and the number of persons served varied from 3 to 204. Consequently, data are reported as medians and ranges, in order to give as clear a picture as possible of the amount of service furnished and the number of persons served.

Table 2
SERVICES PROVIDED TO PARENTS IN CRISIS CARE PROGRAMS

	NUMBER OF UNITS			NUMBER OF INDIVIDUALS		
SERVICES	N	MEDIAN	RANGE	N	MEDIAN	RANGE
Respite Care (# of hours)						
June	17	594	9.5-12350	16	23	2-410
July	16	1210.5	4-11720	15	23	3-780
August	18	585.5	12.6-12700	17	27	2-522
Counsel./Therapy (# of hours)						
June	15	20	24-145	15	15	1-291
July	15	21	1-130	15	12.5	3-204
August	16	21.75	3-315	16	16	2-315
Tel.Consultation (# of hours)						
June	13	15	2-200	14	17	1-175
July	14	30	1-220	14	14	1-190
August	15	35	1-250	15	15	1-220
Case Management (# of Individuals)						
June				12	12	1-100
July				12	19	2-100
August				12	27	1-100
Hotline/Crisis Line (# of calls)						
June	10	7	1-300	13	26	2-180
July	9	19	3-280	10	38	1-195
August	10	21.5	1-250	11	35	1-195
Child Care Training (# of hours)						
June	9	30	1-105	9	13	1-133
July	10	14	2-83	11	10	3-80
August	10	13	2-53	12	13	2-64

Table 2, con't
SERVICES PROVIDED TO PARENTS IN CRISIS CARE PROGRAMS

SERVICES	NUMBER OF UNITS N	MEDIAN	RANGE	NUMBER OF INDIVIDUALS N	MEDIAN	RANGE
Support Group (# of hours)						
June	5	6	4-266	6	9	6-56
July	5	4	4-260	6	8	6-53
August	5	8	2-126	6	8	4-28
Medical Care (# of families)						
June				2	14	1-27
July				1	21	
August				2	10	1-19

Table 3
SERVICES PROVIDED TO CHILDREN IN CRISIS CARE PROGRAMS

SERVICES	NUMBER OF UNITS N	MEDIAN	RANGE	NUMBER OF INDIVIDUALS N	MEDIAN	RANGE
Daycare (# of hours)						
June	17	336	1-4152	17	19	2-410
July	16	876.5	26-3069	17	23	3-785
August	17	505	35-3675	18	20	1-522
Case Management (# of hours)						
June	10	18.5	1-168	14	12	1-83
July	10	20.5	3-176	14	8	2-96
August	11	32	2-184	16	16	1-110
Screening (# of children)						
June				13	19	2-102
July				11	26	3-113
August				13	36	1-138
Assessment (# of children)						
June				12	18	3-102
July				11	26	1-113
August				13	20	1-138
Residential Care (# of days)						
June	7	48	4-1189	6	20	2-61
July	8	70	17-1533	7	18	4-70
August	8	112	10 1153	6	41	2-86

Table 3, con't
SERVICES PROVIDED TO CHILDREN IN CRISIS CARE PROGRAMS

SERVICES	NUMBER OF UNITS N	MEDIAN	RANGE	NUMBER OF INDIVIDUALS N	MEDIAN	RANGE
Soc/Emo/Beh Ther. (# of hours)						
June	4	13.5	5-120	5	2	1-90
July	4	13	3-125	4	2	1-90
August	4	13.5	2-140	4	2	1-110
Rec./Program (# of hours)						
June	4	184	8-2768	4	31	1-300
July	2	1169.5	275-2064	2	161	47-275
August	3	320	67.5-2176	3	50	3-320
Medical Care (# of children)						
June				4	31	1-82
July				3	47	4-100
August				3	50	1-115
Speech/Lang Ther. (# of hours)						
June	1	19		1	6	
July	1	9		1	6	
August	1	16		1	6	
Companionship (# of hours)						
June						
July	1	3		1	1	
August						
Camping (# of days)						
June	1	390		1		39
July	1	165		1		35
August						

As Tables 2 and 3 indicate, the services most frequently offered to parents are respite from child care, parent counseling, telephone consultation, and service coordination (case management). Those most frequently furnished to children are child care, screening and assessment, and service coordination (case management).

Staff training

Twenty seven Crisis Nursery programs reported offering annual staff training. More than three quarters of the programs reported offering training in child development (89%), working with families (81%), and behavior management (77%). More than a third of the programs provided training in communication skills, (51%), developmental disabilities (48%), and daily living skills (37%). Nineteen programs provided training in more than 35 subjects other than those included on the survey. The most commonly reported other training was in the area of

abuse and neglect (37%). Subject areas for other training offered ranged widely, from stress management and crisis intervention, through community networking and child advocacy, to children's health and the dynamics of suicide. It is clear that Crisis Nursery programs offer a considerable amount of training to care providers, in a wide variety of areas. The number of hours of training available and the number of staff involved, also varied from program to program. Data are again presented as medians and ranges to provide a clearer picture of program training activities.

Table 4: Staff Training - Crisis Nursery Programs

Training Topic	N	Median	Range
Child Development			
# hours	24	6	1- 465
# indivs	23	6	1-77
Working with families			
# hours	22	13.5	1- 435
# indivs	21	6	1-101
Behavior Management			
# hours	21	10	2 -485
# indivs	21	6	1-101
Communication Skills			
# hours	14	3.5	15 -477
# indivs	15	7	1-86
Developmental Disabilities			
# hours	13	4	1-414
# indivs	13	8	1-58
Daily Living Skills			
# hours	10	4	1-102
# indivs	9	10	1-18

Programs reported utilizing a number of training methods. The most frequently employed method was on-the-job training (31 or 86%). Eighty percent of the programs (28) listed lectures, 60% (21) listed readings, 51% (18) listed videotapes, and 11% (4) of the programs listed parents-as-trainers, as training methods utilized. In addition to these, 40% (14) mentioned using other methods. Many programs mentioned workshops, seminars, conferences and/or discussion groups as training methodologies. Other less frequently mentioned forms of training were mentoring, role play, and demonstrations. Persons conducting the training ranged from in-house and parent organization staff to guest lecturers.

Respite Care Programs

Funding

Slightly fewer than half (43%) of the programs providing respite care reported receiving funding from at least one additional source. Among those receiving additional funds, 30% received state funds, 23% received funds from local sources, and 16% from private agencies.

Eligibility criteria

All of the Respite Care programs reported having specific eligibility criteria. The great majority of the programs had criteria that included the developmental or medical status of the child (87%), and almost half specified the age of the child (47%). For six (20%) of the programs the family had to be enrolled in an umbrella agency, and five (17%) provided services in response to family identified needs. Criteria are listed in the following tables.

Table 5: Criteria for Eligibility - Respite Care Programs

Criterion	N	%
Developmental or medical status of child	26	87
Child within specified age range	14	47
Child/family enrolled in umbrella program	6	20
Family identified need or request	5	17
Child/family live in specific geographic area	3	10
Child abused or neglected or at-risk of abuse or neglect	2	6
Family in crisis, overwhelmed, or experiencing an emergency	2	6
Child removed from home or at-risk for removal	1	3
Family status in regard to social services	1	3
Family agreement to participate in other aspects of program	1	3
Accept everyone, no admission criteria	1	3

Services

Among the Respite Care programs, four reported offering no services to families during June, July and August of 1990. An additional seven programs reported no services to children during the period. Among the 26 programs reporting services to parents, 13 (50%) offered a single service (respite from child care, in 10 cases), 10 (38%) offered two to four services and three (12%) had a menu of five or more different services. Medical care and hospital companion services were not reported.

Eleven (42%) of the 19 programs reporting services to children provided two to four services, six (32%) five or more, and five (26%) a single service. Physical therapy, occupational therapy, and speech/language therapy were unreported services during the three summer months.

As with the Crisis Nursery programs, Respite Care programs often offered services that were supported by additional sources or were part of a larger agency repertoire. Programs were not asked to limit their responses to only those services funded by Children's Bureau funds.

Table 6
SERVICES PROVIDED TO PARENTS IN RESPITE CARE PROGRAMS

	NUMBER OF UNITS			NUMBER OF INDIVIDUALS		
SERVICES	N	MEDIAN	RANGE	N	MEDIAN	RANGE
Respite Care (# of hours)						
June	17	500.75	12-2501	16	18	1-104
July	18	639.625	2.25-4272	17	20	1-100
August	19	495	.25-7012	18	12.5	1-101
Tel. Consultation (# of calls)						
June	10	51	15-90	10	31	13-68
July	10	48	4.5-98	12	32	5-99
August	10	53	5.25-100	12	26	8-117
Case Management (# of families)						
June				6	44	17-104
July				7	45	6-100
August				8	42	5-101
Child Care Training (# of hours)						
June	5	5.5	4-23	5	16	4-86
July	5	8	4-24	5	7	6-36
August	5	4	4-20	5	7	5-36
Support Group (# of hours)						
June	4	6.5	2-299.5	3	36	23-86
July	3	6	2-978.5	2	30	25-36
August	4	3.5	2-483.5	4	12	2-36

Table 6, con't
SERVICES PROVIDED TO PARENTS IN RESPITE CARE PROGRAMS

SERVICES	NUMBER OF UNITS N	MEDIAN	RANGE	NUMBER OF INDIVIDUALS N	MEDIAN	RANGE
Counseling (# of hours)						
June	2	22	16-28	2	6	4-7
July	2	26	16-36	2	6	4-9
August	2	24	16-32	2	6	4-8
Hotline (# of calls)						
June	2	2	2-2	1	373	
July	1	4		1	392	
August	2	3	3-3	1	401	

Table 7
SERVICES PROVIDED TO CHILDREN IN RESPITE CARE PROGRAMS

SERVICES	NUMBER OF UNITS N	MEDIAN	RANGE	NUMBER OF INDIVIDUALS N	MEDIAN	RANGE
Sitter (# of hours)						
June	12	371.38	10-1235	13	19	1-63
July	11	387.5	8-1596	12	18	1-67
August	4	44	1-3159	11	22	1-72
Rec. Program (# of hours)						
June	5	72	6-1892	6	49	7-100
July	5	33	1-381	6	26	11-110
August	10	441.77	5-2674	5	25	17-120
Daycare (# of hours)						
June	8	94	10-1163	8	6	1-28
July	7	149	6-1537	7	7	1-27
August	6	197	91-4224	6	12	2-42
Case Management (# of hours)						
June	4	154	90-400	6	44	10-160
July	4	96	70-104	6	48	8-160
August	4	75	6.40-240	6	60	12-200

Table 7, con't
SERVICES PROVIDED TO CHILDREN IN RESPITE CARE PROGRAMS

SERVICES	NUMBER OF UNITS N	NUMBER OF UNITS MEDIAN	NUMBER OF UNITS RANGE	NUMBER OF INDIVIDUALS N	NUMBER OF INDIVIDUALS MEDIAN	NUMBER OF INDIVIDUALS RANGE
Screening (# of children)						
June				6	20	2-90
July				5	19	5-98
August				7	7	2-100
Assessment (# of children)						
June				6	11	5-46
July				5	6	2-50
August				8	11	2-40
Camping (# of days)						
June	4	369.5	3-585	5	7	4-13
July	4	612.5	3-700	4	7	6-12
August	5	60	5-1008	5	11	6-12
Soc/Emo/Beh Ther. (# of hours)						
June	2	15	6-24	3	6	5-25
July	1	24		2	20	6-35
August	1	24		2	23	6-40
Residential Care (# of days)						
June	3	5	2-60	3	2	1-21
July	1	44		1	14	
August	1	41		1	11	
Companionship (# of hours)						
June	1	197		1	71	
July	1	88		1	37	
August	1	82		2	26	15-37
Medical Care (# of children)						
June				2	19	1-37
July				2	19	1-37
August				2	20	1-38
Hospital Sitter (# of hours)						
June						
July	1	3		1	1	
August						

Few Respite Care programs reported services other than those listed on the survey. Three programs noted additional services to parents and one to children. Parental services included consultation, information about services offered through other agencies and organizations, and facilitation of respite care. One program offers medical and therapeutic services in-home, for children.

The service most frequently provided to parents was respite from child care (17 or 65%). There were 10 (38%) programs reporting telephone consultation services, and five (19%) offering child care training. Twelve (63%) of the programs that reported services to children, offered care in the form of an in-home sitter. An additional eight (42%) listed day care, and five (26%) provided social or recreational programs. As was true for the Crisis Nursery programs, a wide range of clients was served across programs. Consequently, medians and ranges are again employed to display the data. Tables 6 and 7 exhibit the findings from the Respite Care programs for services to parents and children.

Staff training

Twenty four Respite Care programs reported providing staff training during 1990. The training most frequently mentioned was behavior management, offered by 20 (83%) of the programs. At least two thirds of the programs offered training in communication skills (17) and in developmental disabilities (16). Slightly more than half (13 or 54%) provided training in daily living skills, and slightly less than half (11 or 46%) in child development. Seventeen programs (71%) reported training staff in 23 topics other than those included on the survey. The most commonly noted other topics were CPR (58%), first aid (41%) and child abuse (29%). Additional areas of training ranged from seizure management and wheel chair transfer, through infectious disease control and emergency procedures, to clients' rights and community integration. As was seen in the Crisis Nursery programs, Respite Care programs offer staff training on a variety of topics. The wide range of training hours offered, and numbers of staffed involved are presented through medians and ranges, in the following table.

Table 8: Staff Training - Respite Care Programs

Training Topic	N	Median	Range
Behavior Management			
# hours	20	2	1-20
# indivs	18	10	4-85
Communication Skills			
# hours	17	2	1-16
# indivs	16	15	4-85
Developmental Disabilities			
# hours	16	2.5	1-20
# indivs	15	15	4-85
Working with families			
# hours	15	4	1-99
# indivs	14	18	4-85

Table 8: Con't

Training Topic	N	Median	Range
Daily Living Skills			
# hours	13	2	1-9
# indivs	11	36	4-85
Child Development			
# hours	11	2	1-10
# indivs	12	15	4-85

The two most frequently reported methods for furnishing training to respite care providers were lectures and readings, mentioned by 25 (83%) of the programs. On-the-job-training and videotapes, were utilized by 23 (77%) programs. In 14 programs (47%) parents provide the training. In addition to these, nine programs (30%) cited other methods by which training was delivered. These included demonstrations, panel discussions, volunteer support groups, and slide presentations.

Summary

Results of Survey II indicate that Respite Care and Crisis Nursery Programs offered parents similar services, with some differences in emphasis, during the three months under consideration. For example, the service most frequently offered by both sets of programs was respite from child care, but the services in second and third place differed as a function of type of program. The most common service provided for children was child care. However, the type of child care differed between the programs. Crisis Nursery programs provided child care in a day care center or other location outside the home, and Respite Care programs tended to provide child care in the form of sitters in the child's home.

Training was provided to staff of both Respite Care and Crisis Nursery programs, with some slight differences in emphasis. More than half the programs reported offering training in a wide range of areas other than those included on the survey. That most commonly offered to staff in Crisis Nurseries was training in child abuse and neglect, while staff of Respite Care programs was most likely to receive training in CPR and first aid. Throughout the network of Respite Care and Crisis Nursery demonstration programs, a variety of training methods was employed, with on-the-job-training being the most frequently mentioned by Crisis Nurseries, and lectures and readings by Respite Care programs.

Survey II was also designed to provide information not only about the kinds of services provided during a specific period, but the amount of those services and their cost. Responding programs were able to specify the number of units of service and the number of individuals to whom service was provided. Unfortunately, the cost of those services proved to be more difficult to establish. Consequently, an effort will be made during the next year to examine the methodological issues involved in ascertaining the value of services, and in developing methods to obtain that information.

Families in all walks of life experience stress from a variety of sources. Communities attempt to alleviate the stress in a multitude of ways. One of those ways includes the provision

of an assortment of family supports. The data in this report present a picture of two of the supports available to families in many communities. These Crisis Nursery and Respite Care programs, located throughout the country, are seen to have dedicated and trained staff, furnishing many parents and children with a variety of services. The programs are not intended to change family structure or usurp family prerogatives, but to work with families to help reduce the stress being experienced, and to assist families to find their own strengths and resources.

RESPITE CARE AND CRISIS NURSERY
SURVEY REPORT

APPENDIX

RESPITE CARE AND CRISIS NURSERY PROGRAM DESCRIPTION SURVEY

FALL, 1990

PROGRAM DESCRIPTION SURVEY
CRISIS NURSERY/RESPITE DEMONSTRATION PROJECT

SECTION A - Administrative Characteristics of the Project

1. Name and address of grantee agency:

2. Type of grant: _____Crisis nursery _____Respite Care

3. Name, address, and telephone number of primary person responsible for grant activities:

4. Date grant award received: _____/_____
   MM YY

5. Date of first client service delivery: _____/_____
   MM YY

6. Services are provided to: (CIRCLE ONE)

   a: children only
   b: parents/caregivers only
   c: both children and parents

7. Services are delivered: (CIRCLE ONE)

   a: only within parents/caregivers home
   b: only outside parents/caregivers home
   c: in both settings

8. Number of service sites in operation as of 9/1/90.
   (**WRITE IN THE NUMBER OF EACH TYPE OF SITE.**)

_____Licensed foster home (24 hr.)	_____Family day care homes (daytime)
_____Relatives' home	_____Sitter/respite care (short-term)
_____Respite group homes	_____Crisis centers/Women's shelter
_____Respite day care center	_____General purpose day care center
_____Therapeutic preschool	_____Pediatric hospital (respite bed)
_____State institution (respite bed)	_____State school
_____Camps	_____Churches
_____Public schools	_____Other (please specify_____)

SECTION B: Types of Services Provided to Project Children

9. Projects provide a wide variety of services to children. In column 1, please check each of the services which your project provides, as of 9/1/90. In column 2, check each service which you plan to provide later in your funding period, but which you are not already providing.

TYPE OF SERVICE	PROVIDED BY 9/1/90	PLAN TO PROVIDE
Screening		
Assessment		
Case Management (Care Coordination)		
Medical Care		
Hospital Sitter		
Therapy: Physical Therapy		
Occupational Therapy		
Speech/Language Therapy		
Social/Emotional/Behavior Therapy		
Temporary Child Care: Day Care (center or family home care)		
Residential Care (short-term 24 hour care)		
Companionship (mentors)		
Camping Experiences		
Social or Recreational Programs		
In Child's Home (sitter)		

10. How many children were placed on a waiting list between 6/1/90 and 8/31/90?_____

SECTION C: Types of Services Provided to Project Parents

11. As with children, projects provide a wide variety of services to parents. In column 1, please check each of the services which your project provides to parents/caregivers as of 9/1/90. In column 2, check each service which you plan to provide later in the funding period, but are not already providing.

TYPE OF SERVICE	PROVIDED BY 9/1/90	PLAN TO PROVIDE
Parent Counseling/Therapy		
Case Management/Care Coordination		
Telephone Consultation		
Hotline/Crisis Line		
Training in Child Care		
Support Group		
Respite from Child Care		
Medical Care		
Hospital Companion		
Other(specify):		

12. How many parents/caregivers were placed on a waiting list between 6/1/90 and 8/31/90?_____

13. **How many** of each of the following general "types" of families utilized your services?

a: ____intact two-parent family

b: ____single parent

___natural/adoptive mother ___natural/adoptive father

c: ____foster family

d: ____relative

e: ____other (please specify:_____)

SECTION D: Description of Individuals Served

INSTRUCTIONS

The following page is a closer look at individuals served by your program. If you serve families (both parents/caregivers and children), we would like information on each member. In a family with 3 children, if your program provided services to both parents and 2 of the children, then report on 4 individuals. If your program provided services only to the children, report each child individually. If you serve 2 children from the same family, report both separately.

UNIQUE ID

In order to protect client confidentiality, create an ID number for each person, using the following method: Numbers 1-3 = first 3 letters of last name; number 4 = first letter of first name; numbers 5 - 10 = birth date, expressed as MMDDYY.

For example, James Jones, born on June 6, 1989, would have the following unique ID: JONJO60689. Sally Smith, born on December 15, 1988 would have this ID: SMIS121588. Enter the ID in the first column on the "Description of individuals served" form.

CONDITION

Instructions for the family and child condition codes are listed on page 5 with examples of various cases.

PROTECTIVE SERVICES STATUS

This column is used to gather information on numbers of persons who are involved with protective services.

PAYMENT STATUS

This category is an indication of whether or not there was any kind of payment for services. For children, indicate if the parent/caregiver made any payment.

PLEASE USE ONLY THE CODES PROVIDED!

INSTRUCTIONS FOR CONDITION CODES

The condition code columns for both child and family are divided into two subcolumns. The condition codes define the reasons individuals and/or families received services. Please code primary reasons and any other conditions which contributed to the need for services in the appropriate columns. Both caregivers and children can be coded under family or child conditions, depending on the conditions which determine the need for services. Try to keep family data together sequentially, so that we can see the relationship between information given. Some examples are provided below.

EXAMPLE 1: A child with cerebral palsy and mental retardation is served in a respite care program because the parents are overwhelmed with caring for the child's physical needs.

EXAMPLE 2: The parents are provided with counseling by a crisis care social worker to deal with their marital problems while their child is in the crisis care nursery.

EXAMPLE 3: A child who has been physically abused and neglected is placed in temporary care while the mother is in a drug treatment program elsewhere.

UNIQUE ID	TARGET	SEX	RACE	1ST DATE OF SERVICE	CHILD CONDITION		FAMILY CONDITION		PROTECTIVE SERV STATUS	PAYMENT STATUS
					PRIMARY	OTHER	PRIMARY	OTHER		
SEE INSTRUCTION PAGE	1=CHILD 2=PARENT	1=FEMALE 2=MALE	1=BLACK 2=WHITE 3=NAT. AM. 4=HISPANIC 5=ASIAN 6=OTHER	MMDDYY	1=HIGH-RISK DEV. DELAY 2=HIGH-RISK EMOT. PROBLEMS 3=DEVELOPMENTAL. DISABILITY 4=BEH/EMOTIONALLY DISTURB. 5=MENTAL RETARDATION 6=MEDICALLY HANDICAPPED 7=PHYSICALLY HANDICAPPED 8=CHRONIC/TERMINALLY ILL 9=NONE/NOT REQUIRED		1=DETERIORATING FAMILY SITUATION 2=PREVENTION OF OUT-OF HOME PLACEMENT PARENT: 3=PHYSICALLY ILL 4=EMOTIONALLY ILL 5=SUBSTANCE ABUSE 6=OVERWHELMED		1=AT RISK/SUSPECTED ABUSE 2=SUBSTANTIATED ABUSE/NEGLECT 3=NONE OR NOT KNOWN	1=NO FEE 2=LOW FEE 3=REGULAR FEE
EX. 1: JONJO60689	1	1	2	08/14/90	7	5	6		3	2
EX. 2: SMIS121588	1	2	1	08/15/90	9		1	6	1	1
EX.2: SMIR022860	2	1	1	08/15/90	9		1	6	1	1
EX. 3: POEE050189	1	2	4	08/31/90	2		5	2	2	1

DESCRIPTION OF INDIVIDUALS SERVED FROM 6/1/90 THROUGH 8/31/90

UNIQUE ID	TARGET	SEX	RACE	1ST DATE OF SERVICE	CHILD CONDITION		FAMILY CONDITION		PROTECTIVE SERV STATUS	PAYMENT STATUS
					PRIMARY	OTHER	PRIMARY	OTHER		
SEE INSTRUCTION PAGE	1=CHILD 2=PARENT	1=FEMALE 2=MALE	1=BLACK 2=WHITE 3=NAT. AM. 4=HISPANIC 5=ASIAN 6=OTHER	MMDDYY	1=HIGH-RISK DEV. DELAY 2=HIGH-RISK EMOT. PROBLEMS 3=DEVELOPMENTAL DISABILITY 4=BEH/EMOTIONALLY DISTURB. 5=MENTAL RETARDATION 6=MEDICALLY HANDICAPPED 7=PHYSICALLY HANDICAPPED 8=CHRONIC/TERMINALLY ILL 9=NONE/NOT REQUIRED		1=DETERIORATING FAMILY SITUATION 2=PREVENTION OF OUT-OF HOME PLACEMENT PARENT: 3=PHYSICALLY ILL 4=EMOTIONALLY ILL 5=SUBSTANCE ABUSE 6=OVERWHELMED		1=AT RISK/SUSPECTED ABUSE 2=SUBSTANTIATED ABUSE/NEGLECT 3=NONE OR NOT KNOWN	1=NO FEE 2=LOW FEE 3=REGULAR FEE

SECTION E: Description of Project Staff

It would be helpful to have a picture of the staffing needs of your projects. Please complete the table below utilizing the codes provided. Include all employees who are paid through grant funds at the state and local level. (PLEASE INCLUDE BUDGETED VACANCIES!)

TITLE	DEGREE	EXPERIENCE	RACE	SEX	WK. HRS.
	1=HS 2=AA 3=BACHELOR'S 4=MASTER'S 5=DOCTORATE	NO. OF YEARS OF HUMAN SERVICES EXPERIENCE	1=BLACK 2=WHITE 3=NAT.AMER.CAN 4=HISPANIC 5=ASIAN 6=OTHER	1=FEMALE 2=MALE	HOURS WORKED PER WEEK
VACANCIES:					

RESPITE CARE AND CRISIS NURSERY
FISCAL & ADMINISTRATIVE SURVEY

DECEMBER, 1990

SURVEY #2
FISCAL AND ADMINISTRATIVE ISSUES

Program Director_____ Telephone #_____

Program Name_____ Street_____

City_____ State_____ Zip_____

1. What was the total amount and date received of your initial award from the Children's Bureau?

2. If you received continuation funding, how much was it and what was the date you received it?

3. Do you receive funding from any other source to support your respite care or crisis nursery program?

   If so, from what source(s) and how much do you receive?

4. What criteria does your program use to determine whether a child or family is eligible to receive your services?

5. How many units of service did you provide for parents **during June, July, and August, 1990**? (In the first column under each month, list the number of units of service . In the second column under each month, list the number of individuals served .)

TYPE OF SERVICE	Fee Per Unit	June		July		August	
		units	inds.	units	inds.	units	inds.
Parent Counseling/Therapy (number of hours)							
Case Management/Care Coordination (number of families/children)		N/A		N/A		N/A	
Telephone Consultation (number of calls)							
Hotline/Crisis Line (number of calls)							
Training in Child Care (number of hours)							
Support Group (number of hours)							
Respite from Child Care (number of hours)							
Medical Care (number of families who received care)		N/A		N/A		N/A	
Hospital Companion (number of hours)							
Other(specify type of service and unit of measurement):							
Other							

6. How many units of service did you provide for children **during June, July, and August, 1990?** (In the first column under each month, list the number of units of service . In the second column under each month, list the number of individuals served .)

TYPE OF SERVICE	Fee Per Unit	June		July		August	
		units	inds.	units	inds.	units	inds.
Screening (number of children screened)		N/A		N/A		N/A	
Assessment (number of children assessed)		N/A		N/A		N/A	
Case Management (approximate number of hours)							
Medical Care (number of children who received care)		N/A		N/A		N/A	
Hospital Sitter (number of hours of service)							
Physical Therapy (number of hours)							
Occupational Therapy (number of hours)							
Speech/Language Therapy (number of hours)							
Social/Emotional/Behavioral Therapy (number of hours)							
Day Care (center or family home care) (hours of care)							
Residential Care (short-term 24 hour care) (number of days)							
Companionship (mentors) (number of hours)							
Camping Experiences (number of hours/days -SPECIFY)							
Social or Recreational Programs (number of hours)							
In Child's Home (sitter) (number of hours)							
Other (specify type of service and unit of measurement)							
Other							

7. How many hours of training are provided annually for staff in the following areas?

AREA OF TRAINING	Total # of hours	# of staff trained in past 12 mons.
Behavior management		
Working with families		
Daily living skill (feeding, dressing, bathing)		
Developmental disabilities		
Communication skills		
Child development		
Other (please specify)		
Other		

8. What methods does your program use to train staff? (Check all that apply)

___Lecture ___Readings ___Videotapes
___On-the-job training ___Parents provide training ___Other (please specify)